DELTA DENTAL®

Delta Dental Premier

Benefits for Bedford County/Bedford County Public Schools

Group Number: 600040

Effective Date: July 1, 2011

This sheet provides a brief description of important features of the Delta Dental Premier dental program. Under this program, you may use any dentist you wish. However, your out-of-pocket costs may be lower when you select a dentist who participates in the Delta Dental Premier network.

Plan Benefit Design	Plan Differential		General Plan Information
	High Plan*	Low Plan*	
Annual Deductible	**$50**	**$50**	Limit of 3 per family per contract year
Annual Benefit Maximum	**$1,500**	**$1,500**	Per enrollee, per contract year
Orthodontic Lifetime Maximum	**$1,500**	**N/A**	For eligible covered dependent child(ren) under age 19
*The amount listed under the Plan Differential is the deductible and maximum benefit permitted under each Plan option selected.			

Covered Benefits and Co-Insurance

(Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)

Coverage	High Plan*	Low Plan*	Benefit Limitations
Diagnostic and Preventive Care	**100%**	**100%**	***(These services are exempt from the deductible)***
– Oral exams and cleanings			Twice each in a 12 consecutive month period. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.
– Fluoride applications			Once each 12 consecutive month period for dependents under the age of 19.
– Bitewing x-rays			Once each 12 consecutive month period, limited to a maximum of 4 films in one visit.
– Full mouth/panelipse x-rays			Limit of one each three years.
– Space maintainers			For dependents under the age of 14.
– Healthy Smile, Healthy You® Program			Enrolled pregnant, diabetic and members with certain high risk cardiac conditions are entitled to an additional cleaning and exam (or if the member has a history of periodontal surgery an additional periodontal maintenance visit).
Basic Dental Care	**80%**	**80%**	***(Deductible Applies)***
– Amalgam (silver) and composite (white) fillings			Retreatment only after 2 years from initial treatment. Composite (white) fillings are limited to upper and lower 6 front teeth.
– Stainless steel crowns			Limited to primary (baby) teeth for participants under age 14.
– Denture repair and recementation of crowns, bridges and dentures			Limited to once in a 12 month period and the cost is limited to ½ the cost of a new denture or prosthesis.
– Sealants			Only for non-carious, non restored 1st and 2nd permanent molars for dependents under age 16, one application per tooth.
– Simple extractions			
Other Basic Dental Care	**80%**	**50%**	***(Deductible Applies)***
– Complex Oral Surgery			Impactions and other surgical procedures.
– Endodontic services/root canal therapy			Repeat treatment only after 2 years from initial root canal therapy treatment
– Periodontic services (scaling and root planing, soft tissue and bony surgery, including grafts)			Limitation of 2-3 years apply based on services rendered.

Covered Benefits and Co-Insurance (Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.)			
Coverage	**High Plan***	**Low Plan***	**Benefit Limitations**
Major Dental Care	**50%**	**N/A**	***(Deductible Applies)***
– Prosthodontics/dentures/ bridges – Crowns			Once every 5 years, and only when an existing prosthesis cannot be rendered serviceable. Fixed bridges or removable partials are not benefits for Dependents under age 16. Once per tooth every 5 years, and only when an existing crown cannot be rendered serviceable. Benefit available only when tooth is damaged by decay or fractured to the point it cannot be restored by an amalgam or composite restoration. Crowns for dependents under the age of 12 are not covered. Temporary prosthetic devices are not a separate benefit. Any charge for these devices is included in the fee for the permanent device.
Orthodontic Benefits	**50%**	**N/A**	Only for Dependent children under age 19. ***(These services are exempt from the deductible.)***

**Please refer to Choosing a Dentist.*

COVERAGE IS AVAILABLE FOR

- Enrollee and spouse
- Dependent children, only to the end of the Calendar Year they reach age 19 (the "limiting age").
- Full-time students, only to the end of the Calendar Year they reach age 23 (the "limiting age"). (To qualify as a full-time student, the dependent must be attending a recognized secondary school, trade school, college or university on a full-time basis.)

USING YOUR DELTA DENTAL PREMIER PROGRAM

To use the program, just call the dental office of your choice and make an appointment. Delta Dental Premier dentist offices will have claim forms in the office and will complete and submit the form to Delta Dental of Virginia (Delta Dental). A complete list of Delta Dental Premier dentists is included on our website at **www.deltadentalva.com** or can be obtained by calling **1-800-237-6060**.

The Delta Dental Premier program allows you to:

- change dentists at any time without pre-approval
- go to a specialist without pre-approval

During your first appointment, provide your dentist with the following information:

- the subscriber's identification number
- inform the dentist that your program is through Delta Dental of Virginia

CHOOSING A DENTIST

You may select the Dentist of your choice. However, you will receive the highest level of benefits available in your group's program by choosing a Delta Dental Premier Dentist. In addition, your out-of-pocket costs will usually be lower if you use a participating dentist. If you choose a:

Delta Dental Premier Dentist	Non-Participating Dentist
• Payment will be made directly to the dentist. • Delta Dental's payment will be based on the Delta Dental Premier Allowance for covered benefits. • The dentist will accept Delta Dental's payment, plus any required co-insurance and deductible (if applicable) as payment in full for covered benefits.	• Payment will be made directly to you (unless Virginia law requires otherwise). • Delta Dental's payment will be based on the Non-Participating Dentist Allowance for covered benefits. • You will be responsible for any required co-insurance and deductible (if applicable) as well as the difference between the non-participating dentist's charge and Delta Dental's payment for covered benefits. • The amount you would owe a non-participating dentist may be higher than the amount you would owe a Delta Dental Premier Dentist for the same covered benefits.